

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/914487**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52		21			
3		12					53					
4		10					54					
5		10					55					
6		10					56					
7		10					57					
8		10					58					
9		10					59					
10		10					60					
11		10					61					
12		10					62					
13		10					63					
14		10					64					
15		10					65					
16		10					66					
17		10					67					
18		10					68					
19		10					69					
20		10					70					
21		10					71					
22		10					72					
23	1						73					
24		1					74					
25		12					75					
26		10					76					
27		10					77					
28		10					78					
29		10					79					
30		10					80					
31		10					81					
32	1						82					
33		1					83					
34		12					84					
35		21					85					
36		10					86					
37		10					87					
38		10					88					
39		10					89					
40		10					90					
41		10					91					
42		10					92					
43		10					93					
44		10					94					
45	1						95					
46		1					96					
47		12					97					
48		10					98					
49		10					99					
50	1						100					
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓		↓	
TOTAL DEP.							TOTAL DEP.	47				
TOTAL CLAIMS							TOTAL CLAIMS	52				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS